

TITLE I CARRY-OVER REQUEST FORM

Mail to:
Title I Carry-over Waiver
Policy and Program Coordination Office
1430 N Street, Suite 4309
Sacramento, CA 95814

ATTN: Jyoti Singh
(916) 319-0372

County/District Code: ____/____/____/____/____/____/____/____/

District Name _____

Address: _____

Contact Person: _____

Telephone: () _____

Fiscal Year: July 1, 2001 to June 30, 2002

Date of district board approval:

Requirement to be waived:

☐ Title I excess carry-over, specified in *Section 1127* of Improving America's Schools Act (Authorized by CDE policy memo of March 17, 1997)

Total percent of carry-over _____ Amount \$ _____

Rationale/description: Explain the need for the waiver and describe how the district's program might be adversely affected if the request is not approved. The request must: (1) be justified in terms of meeting the needs of students; (2) be necessary for implementing or developing a successful program, not for administrative convenience; (3) be reviewed by appropriate advisory committees; and (4) be approved by the local board of education.

DISTRICT SIGNATURES

District LEA Representative

Cooperative Director, if applicable

Chair, district advisory committee (if appropriate)

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Recommendation:

Staff

Unit Manager

Division Director

Approval ☐ Denial ☐